

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE HEALTH AFFAIRS

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PRD

CHANGE 8 6010.49-M SEPTEMBER 25, 2001

PUBLICATIONS SYSTEM CHANGE TRANSMITTAL FOR MCSC OPERATIONS MANUAL

The TRICARE Management Activity has authorized the following change(s) to 6010.49-M, reissued March 2001.

CHANGE TITLE: TRICARE For Life

PAGE CHANGE(S): See pages 4 through 6.

REMOVE AND INSERT PAGE(S): See pages 2 and 3.

SUMMARY OF CHANGE(S): This change implements the TRICARE For Life Program beginning October 1, 2001.

EFFECTIVE DATE AND IMPLEMENTATION: October 1, 2001.

This change is made in conjunction with ADP Manual Change No. 21 and Policy Manual Change No. 28.

Jan La Mary C. Boykin

Chief, Office of Program Requirements

ATTACHMENT(S): 147 PAGES DISTRIBUTION: 6010.49-M

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CHAPTER 4

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APPENDIX A

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SUMMARY OF CHANGES

CHAPTER 3

- 1. Section 2, Page 4. Deleted last sentence in Drug Rebate paragraph.
- 2. Section 5, Pages 1 and 2. Clarified rebate language for TRICARE Senior Pharmacy.

CHAPTER 4

3. Section 3, Page 2. Added language to allow contractors to accept Medicare certification of providers who have a like class of providers under TRICARE.

CHAPTER 5

4. Section 1, Page 1. Changed 'TRICARE' to 'MHS' and deleted unnecessary language in Retail Network Pharmacy service paragraph.

CHAPTER 7

- 5. Section 1, Pages 8 and 9. Added mental health pre-authorization requirements and delineates TRICARE's reliance on Medicare's determination of medical necessity.
- 6. Section 1, Page 9. Excluded concurrent review requirement for those beneficiaries eligible for Medicare Part A and enrolled in Medicare Part B.
- 7. Section 1, Page 15. Added Case Management guidelines. Corrected typographical error and added "for Persons with Extraordinary Conditions."

CHAPTER 8

- 8. Section 3, Page 1 and 2. Added language clarifying claims processing jurisdiction for TFL.
- 9. Section 4, Page 3. Added statement regarding timely filing limits.
- 10. Section 7, Page 7. Added language stipulating that claims do not need to be developed to the individual provider level for home health or group practice claims.
- 11. Section 11, Page 2. Added EOB requirements.
- 12. Addendum B. Added state to region claims processing crosswalk.

CHAPTER 9

- 13. Section 2, Pages 2 and 3. Requires a Medicare EOB for claims, except EMC claims. Added language regarding OHI procedures and double coverage.
- 14. Section 4, Pages 1 through 4. Added new paragraphs regarding double coverage. Changed 'resource sharing provider' in paragraph 1.1 to federal government facility'. Clarified language regarding reimbursement for services provided by a resource sharing provider. Clarified interactions with the Veteran's Administration in paragraph 1.3.4. Made various clarifications to paragraphs already marked for changes. Added paragraphs on beneficiary cost shares and catastrophic cap.

CHAPTER 11

15. Section 5, Page 3. Clarified language regarding Third Party Liability.

CHAPTER 12

16. Section 10, Page 1. Added language regarding grievance processing.

CHAPTER 13

17. Section 1, Page 2. Added paragraph regarding initial determinations for TRICARE For Life.

CHAPTER 14

18. Section 1, Page 2. Added paragraph 1.4.7, which addresses how to handle allegations of fraudulent behavior.

CHAPTER 15

19. Section 3, Pages 7 and 14. Added paragraphs regarding reporting requirements.

CHAPTER 16

20. Section 1, Page 2. Added sentence on briefing audience.

CHAPTER 21

21. Section 3, Page 1. Added language removing SHCP consideration for TFL beneficiaries referred to civilian care while remaining an MTF inpatient.

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22. Section 3, Pages 7 through 9. Deleted words 'non enrolled' in paragraphs 7.1.2 and 7.2.2 and added (except those enrolled in TRICARE Senior Prime). Added 'Over 64' to paragraph 10.2.5. Changed 'Over 64' to TFL.

APPENDIX A

23. Page 6. Added TRL acronym and definition.